

Internal/External Posting  
**STATE OF MONTANA JOB VACANCY**

**DEPARTMENT OF CORRECTIONS**  
*An Equal Opportunity Employer*

September 6, 2006

<b>Job Title:</b>	Legal Intern	<b>Position No.:</b>	39001
<b>Division:</b>	Legal Department	<b>Bargaining Unit:</b>	N/A
<b>Location:</b>	Helena	<b>Supplement:</b>	N/A
<b>Status:</b>	25 to 40 hours per week	<b>Shift:</b>	TBA
<b>Salary:</b>	\$8.00 - \$10.00 / hour		

**Application Deadline:** Applications may be returned to the Human Resource Department of the Department of Corrections by email, fax or hard copy.

Human Resources, Room 311  
P.O. Box 201301  
1539 11th Ave.,  
Helena, MT 59620-1301

**fax to** (406)444- 4551    **email to** cfah@mt.gov

**Open until filled**

Application materials are available on the web at <http://mt.gov/statejobs/statejobs.asp>

**Special Information:** This is an Intern position. The Agency is willing to work with instructors to set up credit.

**Typical Duties:** The candidate will do general office work in a legal department; open and scan mail daily; litigation support tasks, such as assisting with discovery, ensuring compliance with various court filing standards including copying, binding, and filing briefs in state and federal courts. Also file management, both electronically and in hard copy; and other duties as assigned.

**Required Application Material:**

1. Signed and completed State of Montana Employment Application (PD-25, Rev. 6/91 or 12/93). **Portions of the application may be photocopied if legible (see page 1 of application for instructions).**
2. Authorization to Release Information **(at end of vacancy announcement).** This

Authorization is required for all positions within the Department of Corrections.

Background checks are ran on all possible employees.

**\*\*HIRING AUTHORITY DOES NOT RECEIVE DUE TO REQUEST FOR DATE OF BIRTH\*\***

### 3. Resume

**DEPARTMENT OF CORRECTIONS  
AUTHORIZATION TO RELEASE INFORMATION**

<b>Applicant's Name:</b>	
<b>Other names Used:</b>	
<b>Social Security Number:</b>	
<b>Date of Birth:</b>	

**TO WHOM IT MAY CONCERN:**

As an applicant for a position with the Department of Corrections, I am required to furnish information for use in determining my qualifications for the position for which I have applied as is evident through my past work record. I hereby expressly authorize the Department of Corrections to contact my present or past employers, co-workers, personal references or any other possible work references. I further expressly authorize those aforementioned past employers and/or references to respond to such work related inquiries and to provide any and all information that they may have concerning me, including information of a confidential or privileged nature. I further release those past employment sources from any liability, which may relate to the information provided to the Department in good faith.

I also authorize the Department to conduct a Criminal Records Check and Background Check via law enforcement agencies and/or an investigator, and an Abuse, Neglect or Mistreatment Check through the Department of Public Health and Human Services. I understand that the purpose of this record and background check is for purposes related to the hiring decision for the position that I have applied only.

**This authorization shall be valid and effective for one year from the date signed.**

Have you ever been convicted of Domestic Abuse, either Felony or Misdemeanor? If your answer is yes, please provide the date of the conviction and the jurisdiction in which the conviction occurred.

\_\_\_\_\_ No \_\_\_\_\_ Yes      Date: \_\_\_\_\_ Jurisdiction: \_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_